PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

04/06/2004

Joseph S Tripoli Thomsor Mannaed Licensing Inc Two Independence Way P O Box 5312 Princeton, NJ 08543-5312



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Francis A. Davenport	(Depositor's name)
ovouring a sture out.	(Signature)
April 30, 2004 /	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR ATTORNEY DOCKE		CONFIRMATION NO.
09/535 988	03/27/2000	Eric Auffret	RCA 90056	4326

TITLE OF INVENTION: VIDEO CAMERA WITH FLAT SCREEN VIEWFINDER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330	\$0	\$1330	07/06/2004	
EXA	MINER	ART UNIT	CLASS-SUBCLASS	7		
GRAY,	DAVID M	2851	396-374000	_		
1. Change of corresponden CFR 1.363).	ce address or indication of "l	`	2. For printing on the patent front pagnames of up to 3 registered patent	attorneys or Josep	h S. Tripoli	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		Correspondence	agents OR, alternatively, (2) the nam firm (having as a member a registere	dattorney or 2 Harve	y D. Fried	
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			agent) and the names of up to 2 reg attorneys or agents. If no name is lis will be printed.	istered patent ted, no name 3Franc	is A. Davenpor	
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO	BE PRINTED ON TH	E PATENT (print or type)			
PLEASE NOTE: Unles been previously submitt (A) NAME OF ASSIGN			will appear on the patent. Inclusion of ate cover. Completion of this form is N ESIDENCE: (CITY and STATE OR C		riate when an assignment has ssignment.	
Thomson Lie	censing S.A.	•	Boulogne, France			

4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: XX D Issue Fee ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. Publication Fee ENTHE Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____0 7 - 0832 ______ (enclose an extra copy of this form). Advance Order - # of Copies Deposit Account Number _ _ (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signature) 36,316 April Francis A. Davenport, Reg.

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05/04/2004 HGUTEMA2 00000030 070832

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

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TOTAL AMOUNT OF PAYMENT	(\$)	1330
TOTAL AMOUNT OF TATMENT	(Ψ)	1000

Complete if Known					
Application Number	09/535,988				
Filing Date	27/MAR/2000				
First Named Inventor	Eric Auffret				
Examiner Name	Gray, David M.				
Art Unit	2851				
Attorney Docket No.	RCA 990056 (PF990014)				

METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)									
☐ Check ☐ C	eck			3. ADDITIONAL FEES					
	Order Deposit Account:			<u>Large</u>	Entity	Small E	ntity		
Deposit Accord	,			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account	07-0832		į	1051	130	2051	65	Surcharge - late filing fee or oath	
Number				1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit				1053	130	1053	130	Non-English specification	
Account	THOMSON LICEN	ISING INC.		1812	2,520	1812	2,520	For filing a request for reexamination	
Name The Director is a	uthorized to: (che	eck all that apply)		1804	920°	1804	920*	Requesting publication of SIR prior to Examiner action	
☐ Charge fee(s)	indicated below	Credit any overpaing the pendency of		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
		xcept for the filing	fee	1251	110	2251	55	Extension for reply within first month	
to the above-iden	tified deposit acco			1252	420	2252	210	Extension for reply within second month	
4 BASICE	ILING FEE			1253	950	2253	475	Extension for reply within third month	
Large Entity	Small Entity			1254	1,480	2254	740	Extension for reply within fourth month	
		e Description		1255	2.010	2255	1,005	Extension for reply within fifth month	
Code (\$) C	od (\$)		Fee Paid	1401	330	2401	165	Notice of Appeal	
1001 770 2	001 385 Util	lity filing fee		1402	330	2402	165	Filing a brief in support of an appeal	
1002 340 2		sign filing fee		1403	290	2403	145	Request for oral hearing	
		int filing fee issue filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1		ovisional filling	\vdash	1452	110	2452	55	Petition to revive – unavoidable	
1005 100 2	fee			1453	1,330	2453	665	Petition to revive – unintentional	
				1501	1,330	2501	665	Utility issue fee (or reissue)	1330
•	SUBTOTAL ((1)	(\$) 0	1502	480	2502	240	Design issue fee	
2 EYTBACLA	IM EEES EOD	UTILITY AND RE	EIGGLIE	1503	640	2503	320	Plant issue fee	
Z. LATRA CLA		xtra Fee	-1330L	1460	130	1460	130	Petitions to the Commissioner	
		laim from	Fee	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
Total Claims		x below	Paid = 0	1806	180	1806	180	Submission of Information Disclosure Stmt	
Independent Claims	- ** = 0	x	= 0	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Multiple Dependent		×	= 0	1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
Large Entity	Small Entity			1810	770	2810	385	For each additional invention to be	h
Fee Fee Code (\$)	Fee Fe	Fee Description				20.0	555	examined (37 CFR § 1.129(b))	
1202 18	2202 9	Claims in excess of	20	1801	770	2801		Request for Continued Examination (RCE)	
1201 86	2201 43	Independent claims		1802	900	1802	900	Request for expedited examination of a design application	
1203 290	2203 145	Multiple dependent						or a design application	
1204 86	** Paissus independent claims over Other for (specify)								
1205 18	2205 9	** Reissue claims in and over original pa		*Reduc	ced by B	asic Filing	g Fee Pa	aid SUBTOTAL (3) (\$) 133	30
	SUE (2)	STOTAL (\$) 0						<u> </u>	
**or number previ	• •	For Reissues, see abo	ove .						

SUBMITTED BY Complete (if applicable)					
Name (Print/Type)	FRANCIS A. DAVENPORT	Registration No. (Attorney/Agent)	36316	Telephone	1 609 734 6805
Signature	Francis	a saver fry	4	Date	April 30, 2004

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